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HIV/AIDS AND ADOLESCENTS: IMPLICATIONS FOR SCHOOL POLICIES

The Summer 1991 edition of the *Journal of Law and Education* (Volume 20, Number 3) contained a pertinent and informational article on school policies relative to HIV/AIDS. In plain language, the article discusses the need for schools to develop HIV/AIDS policies. The article:

- explains facts about HIV and its transmission,
- describes the prevalence of HIV in the adolescent population and why adolescents are at increased risk of HIV infection,
- discusses the legal implications of HIV/AIDS policies,
- describes various policies in public high schools (uses Illinois' schools as examples),
- provides an evaluation discussion for school policies,
- includes a model policy and a basis for the policy, and
- presents a brief, to-the-point conclusion.

The information in this article is good supplementary material to the February 1990 document from the Office of Public Instruction titled *Guidelines for Communicable Disease Control Policies in Montana Schools*. Single copies of each of these documents—the *Journal of Law and Education* article and the *Guidelines* document—are available by writing to the Office of Public Instruction, AIDS Education Program, State Capitol, Helena, MT 59620.

NATIONAL PTA AND HIV/AIDS

The National PTA has developed a document for PTA organizations and for schools, *HIV and AIDS Educational Planning Guide for PTA Leaders*. This publication has been sent to all 27,000 PTA presidents in the United States and Department of Defense schools in Europe.

The planning guide includes activity suggestions, reproducible worksheets, HIV/AIDS statistics, resources lists and an application form for the National PTA's annual HIV/AIDS Education Award competition. Certificates of appreciation and cash prizes will be awarded to parent groups for conducting AIDS education activities. Only parent groups affiliated with PTA are eligible to participate.

Additional planning guides may be ordered through the National PTA Publications Catalog for 50 cents, plus shipping and handling.

SCHOOL HEALTH EDUCATION SURVEY

The Office of Public Instruction's Health Enhancement Division will be conducting its bi-annual school health education survey (SHES). The purpose of the survey is to determine the

nature and extent of health education currently being provided in Montana schools. Such information includes whether formal HIV prevention education and comprehensive school health education are provided at various grade levels and the number of students participating in the instruction. Additional information regarding the numbers of hours devoted to health education, the organization of program development and instruction, and barriers to implementation will be collected. The survey results will provide administrators and educators with the information necessary to develop and implement effective curricula and teaching strategies for the classroom.

All Montana schools with grade levels 7-12 will be requested to participate in the school health education survey and will be mailed a survey in February or March. The survey is designed to be completed easily and is brief in length. All survey mailings will include the survey, instructions and a self-addressed envelope to be used to return the survey when completed.

RESOURCE MATERIALS REVIEW

Each issue of the *Communique* includes a section on resource materials that have been reviewed by a Montana educator and will contain a short synopsis on the materials. The materials are valuable to Montana administrators, educators and school nurses for use in HIV/AIDS education and in comprehensive school health education. This issue's reviews:

USING COOPERATIVE LEARNING TO INTEGRATE MATH CONCEPTS INTO HEALTH INSTRUCTION ON SEXUALITY AND HIV EDUCATION, David M. Hayes, Hal W. Brickle, *Journal of School Health*, April 1991, Volume 61, Number 4, 178-180.

When presenting workshops on HIV/AIDS education, it is not uncommon to have teachers wonder how to incorporate this important information into their particular subject matter. This article demonstrates the technique of using teacher collaboration and cooperative learning techniques to help students internalize math skills as well as information about HIV/AIDS. The authors suggest the technique be used for seventh and eighth grade levels and with students who have had experience in team-learning situations. The effectiveness of the technique lies in the students sharing responsibility for what their team members do as well as what they learn.

The process was pilot-tested with the positive outcome of the students involved not only mastering skills in statistical processes and graphing techniques but in developing a deeper understanding of the social problems involved in the HIV/AIDS epidemic and ways to cope with them. A strong caution from the authors seems appropriate: the team of teachers working in such a situation must have someone with excellent HIV/AIDS knowledge to help students understand the outcomes of their work and the concerns this knowledge generates for them.

HIV-RELATED BELIEFS, KNOWLEDGES AND BEHAVIORS OF NINTH AND ELEVENTH GRADE PUBLIC SCHOOL STUDENTS, Herb Jones, Nancy Ellis, Marlene Tappe and Gordon Lindsey, *Journal of Health Education*, January/February 1991, Volume 22, Number 1, 12-18.

After reporting on a study of knowledge, attitudes and behaviors of 2,307 ninth and eleventh grade students in the area of HIV/AIDS, the authors challenge health education professionals to address the issues explored in the study. Their findings were consistent with other studies done on adolescent HIV/AIDS

knowledge; the majority of teens have some knowledge of what causes AIDS and how to prevent the spread of HIV but behaviors do not change to reduce their own risk of infection.

The authors conclude the article with a "simplified paradigm for accomplishing the task of prevention": 1) the rational element, based on knowledge; 2) the emotional element, based on intensity of attitudes or feelings; 3) the practical element, based on personal skills needed to achieve the new desired behaviors; 4) the interpersonal element or social networks to support and reinforce healthful changes in behavior; and 5) the structural element or the economic, legal and technological context in which at-risk behavior takes place.

HEALTH ENHANCEMENT ASSESSMENT GUIDE

The Office of Public Instruction has developed the *Montana Assessment for Health Enhancement* and has distributed the document to all Montana schools. The purpose of this guide is to enable a district or school to develop, select or assess a comprehensive health enhancement education curriculum that is educationally sound and based on research of other programs that were proven effective.

The Montana school accreditation requirements, as outlined in *Montana School Accreditation Standards and Procedures Manual* and adopted by the Board of Public Education, require "curriculum development and assessment." It further defines assessment as "local assessment used to monitor and measure the effectiveness of the instructional program."

The Health Enhancement portion of the accreditation requirements is relatively new to Montana and unique to the rest of the nation. Both traditional programs of "health" and "physical education" are combined into an integrated program intended to better meet the health-related needs of students into their adult lives.

The assessment guide is available to Montana educators by contacting the Office of Public Instruction, Health Enhancement Division, State Capitol, Helena, MT 59620.

INTERACTIVE LASER VIDEODISCS

The Office of Public Instruction HIV/AIDS Education Program has acquired a set of three interactive laser videodiscs from ABC NEWS Interactive. The videodisc package titled, *Health: Understanding Ourselves*, includes three subject areas: AIDS, Drugs and Substance Abuse and Teenage Sexuality. Former Surgeon General C. Everett Koop and ABC *Nightline* host Ted Koppel are the primary narrators providing the backbone for the great deal of information presented.

The videodiscs are excellent resources for teaching about AIDS, substance abuse and sexuality in the classroom, and feature instant access to any video clip, HyperCard computer software, closed-captioning and a detailed guidebook including chapter guides and lesson plans. The videodiscs are available from the Office of Public Instruction Audiovisual Library, 442-3170. For information concerning training or problems with the videodiscs, please call Steve Meredith, OPI Mac Lab Specialist, 444-3563.

MONTANA RESIDENT & NON-RESIDENT AIDS CASES*										
1. Disease Category	Adult/Adolescent				Pediatric				Total	
	Cases	(%)	Deaths	(%)	Cases	(%)	Deaths	(%)	Cases	Deaths
PCP	46	(40)	38	(83)	1	(50)	1	(100)	47	39
Other Disease w/o PCP	65	(57)	43	(66)	1	(50)	0	(0)	66	43
KS Alone	3	(3)	0	(0)	0	(0)	0	(0)	3	0
No Diseases Listed	0	(0)	0	(0)	0	(0)	0	(0)	0	0
TOTAL	114	(100)	81	(71)	2	(100)	1	(100)	116	82

2. Age	Cases (%)		3. Race/Ethnicity	Adult/Adolescent		Pediatric		Total	
	Cases	(%)		Cases	(%)	Cases	(%)	Cases	(%)
Under 13	2	(2)	White, not hispanic	101	(88)	0	(0)	101	(86)
13-19	2	(2)	Black, not hispanic	2	(2)	0	(0)	2	(2)
20-29	31	(26)	Hispanic	4	(4)	0	(0)	4	(4)
30-39	49	(42)	Native American	7	(6)	2	(100)	9	(8)
40-49	23	(20)	Unknown	0	(0)	0	(0)	0	(0)
Over 49	9	(8)	TOTAL	114	(100)	2	(100)	116	(100)
Unknown	0	(0)							
TOTAL	116	(100)							

Exposure Category	Adult/Adolescent		Total	
	Males (%)	Females (%)	Cases (%)	Deaths (%)
Homosexual or Bisexual Men	71	(69)	0	(0)
Intravenous (IV) Drug User	11	(11)	1	(8)
Homo/BI IV Drug User	10	(10)	0	(0)
Hemophilia	5	(5)	0	(0)
Heterosexual Contact	0	(0)	7	(59)
Transfusion with blood/products	0	(0)	3	(25)
None of the above/other	5	(5)	1	(8)
TOTAL	102	(100)	12	(100)

	Pediatric		Total	
	Males (%)	Females (%)	Cases (%)	Deaths (%)
Hemophilia	0	(0)	0	(0)
Parent at risk/has AIDS/HIV	1	(100)	1	(100)
Transfusion with blood/products	0	(0)	0	(0)
None of the above/other	0	(0)	0	(0)
TOTAL	1	(100)	1	(100)

Source: Montana AIDS/STD Program, MDHES, through February 4, 1992.

*Includes 86 Montana AIDS cases and 28 cases reported to Centers for Disease Control from other states and who have moved to Montana.

As of February 4, 1992, there have been 334 cumulative positive HIV tests from 32,616 tests conducted through the MDHES Public Health Laboratory since 1985. Nationally, as of December 31, 1991, 206,392 cases of AIDS and 133,233 deaths have been reported to the Centers for Disease Control.

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